



Texas Department of Agriculture
Nursery-Floral Certificate Application

RNF-500

Todd Staples, Commissioner

¹ REGISTRATION INFORMATION - PLEASE INDICATE THE CLASS OF CERTIFICATE YOU ARE APPLYING FOR	
SECTION A	<input type="checkbox"/> CLASS 1 \$75 ⁰⁰ Businesses selling but not growing nursery/floral stock, such as garden centers, floral shops, stores, landscape contractors, interior decorators, street vendors, etc.
	<input type="checkbox"/> CLASS 2 \$110 ⁰⁰ Businesses that sell nursery/floral stock and have a growing area of 435,600 sq. ft. (10 acres) or less.
	<input type="checkbox"/> CLASS 3 \$145 ⁰⁰ Businesses that sell nursery/floral stock and have a growing area of 435,601 sq. ft. – 871,200 sq.ft. (in excess of 10 acres to 20 acres).
	<input type="checkbox"/> CLASS 4 \$180 ⁰⁰ Businesses that sell nursery/floral stock and have a growing area of 871,201 sq. ft. or more (over 20 acres).
	<input type="checkbox"/> CLASS M \$180 ⁰⁰ Businesses that sell, lease, or distribute nursery products and/or floral items at temporary location such as flea markets, arts and craft shows, plant or flowers shows, or other temporary markets.
A Class M license consists of thirty Event Permit. See instructions for more information regarding Event Permits.	

¹ TYPE OF APPLICATION				
SECTION B	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account/certificate number: _____	
	² BUSINESS TYPE		TDA USE ONLY	
	<input type="checkbox"/> Corporation		Client No.	
	<input type="checkbox"/> Sole Proprietorship		Account No.	
<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government		
<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Organization		
<input type="checkbox"/> General Partnership		Date (mm/dd/yy)		
		Initials		

³ CLIENT INFORMATION	
Full legal business name (owner's name if sole proprietor – no aliases)	
D.B.A. (if applicable)	
Comptroller Taxpayer ID No.(In-state businesses)	Federal ID No.(Out-of-state businesses and nonprofit org.)
SOLE PROPRIETORSHIP ONLY	
<input type="checkbox"/> Social Security No. (SSN - Required) - -	<input type="checkbox"/> If you do not have an SSN you must attach form Affidavit for Occupational License - No Social Security Number (OGC-001) available at http://www.agr.state.tx.us
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)	<input type="checkbox"/> TX
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)	<input type="checkbox"/> Other

Legal Business Name _____

SECTION C	¹ RESPONSIBLE PERSON INSTRUCTIONS		
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:		
	<ul style="list-style-type: none"> ♦ For a corporation, limited liability company, or cooperative, the president or CEO, ♦ For a limited or general partnership, the managing partner or general manager, ♦ For a sole proprietorship, the owner, ♦ For any other type of business, the general manager. 		
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER		
	First Name	M. I.	Last Name
	Phone No. () - Ext.	E-mail	
³ RESPONSIBLE PERSON MAILING ADDRESS			
Address			
City		State	Zip
Web Address of Business (optional)			

SECTION D	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.
	Fax (optional) () - Ext.		
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	² MAILING ADDRESS		
	Address		
	City		State Zip

Legal Business Name _____

SECTION E	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION F	¹ OUT-OF-STATE APPLICANTS ONLY		
	An applicant for a Nursery-Floral license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. If the address provided in Section C is out of state resident agent information is REQUIRED.		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
	City	Zip	Business Phone () -

SECTION G	¹ PAYMENT	
	Please see instructions for applicable fees.	
	License Should Become Effective / / month day year	
	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
	TDA USE ONLY	
	Receipt No.	Date Receipt Issued

Legal Business Name _____

SECTION H	¹ SIGNATURE	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name	Title
	Applicant Signature	Date (mm/dd/yy)

SECTION I	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Nursery-Floral Certificate Application <input type="checkbox"/> Fee (see instructions for correct fee.) <input type="checkbox"/> Nursery-Floral Event Permit Request, if applicable. <input type="checkbox"/> Integrated Pest Management Plan, if applicable.
	Please note that an incomplete application may result in processing delays.

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)